

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10618249**  
APPLICANT(S)

FILING DATE **3**

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.		TOTAL IND.		TOTAL IND.		
TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		

  

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TOTAL IND.		TOTAL IND.		TOTAL IND.	
TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	